NEVADA FINANCIAL DISCLOSURE STATEMENT (FDS)

Please read the instruction before completing. Attach additional sheets if necessary JAN 0 2 2009

PERSONAL INFORMATION:						COMM ON E	ISSION THICS
NAME: James R. Souba		LENG	TH OF RES	IDENCE IN NE	VADA:	6.5	11000
ADDRESS: 2176 Silver Circle							yeurs
CITY, STATE, ZIP: Fallon NV 89406				DENCE IN DIS			
TELEPHONE: Work (775) 423-5107		E-MAI	L: ÍSOU	uba@c	i.fali	lon. nu	 1.us
SECTION A (Public Office): List all public offices for which this tand check each box accordingly i.e. annual, candidate or appoin	inancial on ntment fil	disclos ing. NF	ure statem	ent is requir			
Title of Public Office and Name of Government	Elected, appointed or appointed to elected	(E, A, AE)	Annual Compensation	Date elected or appointed	ANNUAL NRS 281A.600.1 &	CANDIDATE NRS 281A.610.1(a).	APPOINTMENT NRS 281A.600.1
		1			Check the	e appropriate	boxes below
City Engineer, City of Fallon	_A	\$ 117, \$	372.00	8/5/08			X
		\$ \$					
ECTION B (Sources of Income): List each source of your incoming member of your household who is 18 years of age or older.	ne (in ad NRS281 <i>i</i>	dition to	o any sour I(b).	ce listed in S	Section A	Н	ousehold Member appropriate
City of Fallon, Salary							
US Navy Retired Pay Churchill Banner Hospital (Spou	_ \						
ECTION C (Real Property): List specific location and particular nich you or a member of your household has a legal or beneficiore; and (3) located in this state or an adjacent state. NRS 2814 Specific Location	use of all al interes	t: (2) th	state (othe ne fair mar	r than persor ket value of v	which is	ence): (1 \$2,500 c	l) in
None							
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
		-				; -	

	James R. Souba	
SECTION D (Creditors): List each debt secured by mortgage or dee retained by seller. NRS 281A.620	ch creditor to whom you or a member of your househed of trust on your personal residence; and (2) debt of 0.1(d).	old owes \$5,000 or more [EXCEPT: (on a motor vehicle for personal use
		House
		Self Memi
ACS (Student loc	ans for call	Check the appropriate the control of
	ans for college age children)	
SECTION E (Ciffo) Line III	lentity of donor and value of each gift if all gifts receive the preceding taxable year [EXCEPT: (1) a gift received.	
anniversary, holiday or other cerematerial action. Administrative, or political action.	sariguinity or affinity; and (2) ceremonial gifts received	IVEU HUIII A OOKON Who io kalata lii
MONE Gift	Donor	Value of Gift
1901912		\$
		\$
		\$
		\$
nited or general partner, or holder of the business entitles issued by the business entitles.	it each business entity (i.e., organization or enterprismip, firm, business, trust joint venture, syndicate, corpits involved as a trustee, beneficiary of a trust, direct of a class of stock or security representing 1% or motify. NRS 281A.620.1(f).	or, officer, owner in whole or in part, ore of the total outstanding stock or
		Househol
		SelfMember
NONE		SelfMember
MONE		Self Member Check the appropriate
NONE		Self Member Check the appropriate
		Self Member Check the appropriate
	ED HEREIN IS ACCURATE AND COMPLETE.	Self Member Check the appropriate
	ED HEREIN IS ACCURATE AND COMPLETE. Signature:	Self Member Check the appropriate
INFORMATION I HAVE PROVIDE	Signature: Al Joula	Check the appropriate
INFORMATION I HAVE PROVIDE	Signature: Al Joula	Self Member Check the appropriate boxes OUBA ANDIDATES

Nevada Secretary of State, Elections Division 101 North Carson Street, Suite 3 Carson City, Nevada 89701 775.684.5705 • 775.684.5718 fax

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Carson City, Nevada 89706

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